

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

I. Name of Lobbyi	st(s) Geoffrey A. Gallo			p
II. Name of lobbyi	st's partnership, firm or co	rporation, if an	y:	
Astra Zene	ca Pharmaceuticals, LP			
	Name of partnership, firm or corp	poration)		,,,,
3 Merles Lane		Stratham	NH	03885
	(Street)	(Town/City)	(State)	(Zip Code)
(603) 772-1559	( )		e-mail geoffrey	gallo@astrazeneca.com
(Telephone	<del>()</del>	(Fax)	800110/1	<u>sanog-uotruzene</u> eu.com
reportable expense	transactions which are not	t attributable to	is for each client, OR you man on any one client).  The reporting date relative to the	•
<u>OR</u>	(Full Name of Client as it a	ppears on the Lob	obyist Registration Form)	
All reportable tra unrelated to any par	ansactions by the lobbyist (in ticular client.	cluding the lobb	yist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: ac	April 26, 2017	to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/30/1	17	January 31, 2018 X activity from 10/1/17 to 12/31/	17
	d, complete just this form and		transactions made since the Secretary of State's Office, St	
VI. Check if additi	onal reports are attached:			
		res, you must fil	e <b>Addendum A</b> – Fees and Ex	penses
If you have paid Expense Reimburse		ed expenses, you	ı must file <b>Addendum B</b> - Rep	ort of Honorariums or
X If you, your fire	n, or your family has made p	olitical contribu	tions, you must file Addendur	n C- Political Contributions
I have read RSA 15.	best of my knowledge and bounds		reby swear or affirm that the fo	
(Print Name of lobb				

# P L E A S E P R I N

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

RECEIVED

(RSA Chapter 15:6)

JAN 22 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Geoffrey A. Gallo	DEPARTMENT OF				
II. Name of lobbyist's partnership, firm or corporation, if any:					
Geoffrey A. Gallo					
(Name of partnership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·				
III. Name of Client	Date				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a) \$1,200.00				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$1,750.00				
c) Total of all fees received to date (Add lines a and b)	c) \$2,950.00				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>				
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid apenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0.00				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.00				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$ 0.00
	\$
	\$
	\$
	\$
	\$
***************************************	<b></b>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Sully A Sull	19 Jan 2018
(Signature of lobbyist)	(Date)
Geoffrey A. Gallo	
(Print Name of lobbyist)	



## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II Name of labbriette name			
11. Name of lobbyist's parti	nership, firm or cor	poration, if any:	
AstraZeneca P	harmaceuticals, LP		
(Name of partne	ership, firm or corporation)		
III. Name of Client Ast	raZeneca Pharmac	euticals, LP	Date
Political Contributions			
	on that is reportable	pursuant to RSA Char	oter 664 paid on behalf of the
client/lobbyist and lobbying			
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $ 20 $	0.00	Office Candidate i	s Seeking <u>State Representat</u> ive
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · · · · · · · · · · · · · · · · · ·
Full name of candidate:			
Full name of candidate:	(Last Namc)	(First Name)	(Middle Name/Initial)
	(Last Namc)	(First Name)	
Amount of contribution \$	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  I contribution, provide ibution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description	of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	of contribution. If the actual cost is not known,
and the void commute.	
(If more than three contributions were made, report additional contribution	s on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swe is true and complete to the best of my knowledge and belief.	ear or affirm that the foregoing information
Sollu 1 Soll	11 Tan 2018
(Signature of lobbyist)	(Date)
( 2	(Bute)
Geoffrey A. Gallo	
(Print Name of lobbyist)	